MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04169

4179

CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill
LENGTH OF STAY (in this place) 53 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Winfred (Last) Armstrong

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: July 7 1901 | 9. AGE last birthday: 53-9-1 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sawyer | 10B. KIND OF BUSINESS OR INDUSTRY: Textile Factory | 11. BIRTHPLACE (State or foreign country): Snow Hill, Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Irvin Armstrong | 14. MOTHER'S MAIDEN NAME: Alberta Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or date of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs Madeline Armstrong, Snow Hill Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive arteriosclerotic Cardio-vascular renal disease — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/7/55, 19..., to 4/8/55, 19..., that I last saw the deceased alive on 4/7/55, 19..., and that death occurred at 8.00 AM, from the causes and on the date stated above.

SIGNATURE Paul Cohen M. D. ADDRESS Snow Hill Md DATE SIGNED 4/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF April 11 55 | NAME OF CEMETERY OR CREMATORY Ebenezer | LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/11/55 | REGISTRAR'S SIGNATURE Lucy E. Cooper | FUNERAL DIRECTOR Clay & Timmons | ADDRESS Snow Hill Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

: 4180

04170

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Allison (Middle) Prettyman (Last) Collins

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: Oct. 13, 1878

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker Retired

10B. KIND OF BUSINESS OR INDUSTRY: Nursery.

11. BIRTHPLACE (State or foreign country): Berlin Md RFD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William J. Collins

14. MOTHER'S MAIDEN NAME: Sally Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-30-1001

17. INFORMANT & ADDRESS: Mrs Bessie Mitchell, Whaleyville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myocarditis

DUE TO (C) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..., to 4-5 1955, that I last saw the deceased alive on 4-5 1955, and that death occurred at 3:30 P. M, from the causes and on the date stated above.

SIGNATURE Clifford E. Schott M. D. ADDRESS Berlin Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 4/9/55

NAME OF CEMETERY OR CREMATORY Buckingham

LOCATION (City, town, or county) Berlin State Md

DATE REC'D BY LOCAL REGISTRAR 4-9-55

REGISTRAR'S SIGNATURE Helen F Hayward

24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4181 CERTIFICATE OF DEATH

04171 Reg. Dist. No. 555

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (in this place): Most of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Route # 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural give location): Route # 2

3. NAME OF DECEASED: (First) John (Middle) Wesley (Last) Davis
4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: A.A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: About 1890
9. AGE last birthday: About 65 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Thomas Davis
14. MOTHER'S MAIDEN NAME: Rachel Poplar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: John Wesley Davis, Jr. Berlin, Md. Rt. # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
Immediate cause (a) Congestive heart failure due to Progressive Chronic — Interval Between Onset And Death: 6 Years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO arteriosclerotic C.V.D. — 10 years.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948 to April 1955, that I last saw the deceased alive on April 5, 55, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE J. Townsend Jr. M.D. (Degree or title) ADDRESS Ocean City, Md. DATE SIGNED April 15 55.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-17-'55 — NAME OF CEMETERY OR CREMATORY: Purnell Burying Ground — LOCATION (City, town, or county) (State): Berlin, Worcester Co., Md.

DATE REC'D BY LOCAL REGISTRAR: 4-16-55 — REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Mary A. Stewart — ADDRESS: 324 E. Church St. Salisbury, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04172

4182

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Stockton
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City & Berlin X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Catherine (Last) Elliott

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Feb 27 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days 4 IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Worcester Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas Mullen

14. MOTHER'S MAIDEN NAME: Charlotte Bunting

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Alice Sharpley Stockton Md daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-4-2 X

IMMEDIATE CAUSE (A) Arteriosclerotic Cardio-renal

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) disease DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1955, to April 1, 1955 that I last saw the deceased alive on March 31, 1955, and that death occurred at 2:20 P M, from the causes and on the date stated above.

SIGNATURE M. D. Paul Coley ADDRESS Snow Hill Md DATE SIGNED 4/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 4/3/55 | NAME OF CEMETERY OR CREMATORY Taylorville | LOCATION (City, town, or county) (State) Berlin (R.F.D.) Md

DATE REC'D BY LOCAL REGISTRAR Apr 4, 55 | REGISTRAR'S SIGNATURE Elwyn E. Cooper

24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

4183

04173

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 955

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Camp at Berlin

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Elliott

4. DATE OF DEATH (Month) April (Day) 5 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Col	Married	about 1890	about 60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farming	Berlin, Virginia	U.S.A.

13. FATHER'S NAME: Sydney Hackett

14. MOTHER'S MAIDEN NAME: Sarah Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No / No	None	Ida Nocks, Painter, Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure & Cor Pulmonale	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Asthma Bronchiale	5 yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arthritis Deformans 10-12 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Kenneth A. Robbins M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 4/6/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-12-55	Ironton Cemetery	Salisbury Wicomico Co, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-16-55	Helen F Hayward	Mary A. Stewart,	Salisbury Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

4184 — 2411 N. Charles Street, Baltimore — 04174

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Showell, Rural — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Showell — Rural X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Hall

4. DATE OF DEATH: (Month) Apr. (Day) 29 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1874

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Rented farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Andrew Hall

14. MOTHER'S MAIDEN NAME: Catherine Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sally Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

591X Immediate cause (a) Chr Myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Brights with Dropsy

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1955, to 4-29-1955, that I last saw the deceased alive on 4-28-1955, and that death occurred at 1.45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

~~About 30~~ Chas R. Law Berlin Md 4-30-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 1, 1955 | NAME OF CEMETERY OR CREMATORY: Showell | LOCATION (City, town, or county) (State): near Showell Md.

DATE REC'D BY LOCAL REG. 5-1-55 | REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Henry S. Watson ADDRESS: Pocomoke Md.

4185

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 04175

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Showells
LENGTH OF STAY (in this place) 2 mo 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Showells X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Ronald (Middle) Phillip (Last) Hudson

4. DATE OF DEATH (Month) April (Day) 11 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Jan. 30, 1955

9. AGE Last birthday: yrs. 2 mo 11 da — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Showells Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Russell Hudson

14. MOTHER'S MAIDEN NAME: Hilda Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mr. Russell Hudson Showells Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

491X

Immediate cause (a) Pneumonia & Bronchialitis, bilateral Acute & Severe

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Herman A. Rahlens M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 4/12/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4/12/55

NAME OF CEMETERY OR CREMATORY Evergreen

LOCATION (City, town, or county) (State) Berlin Md

DATE REC'D BY LOCAL REG. 4-12-55

REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

201529438S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04176

4186

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) Chester (Middle) Corkran (Last) Nicholson

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Oct. 11, 1884 | 9. AGE last birthday 70 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Operator | 10B. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (State or foreign country): Laurel Del | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Nicholson | 14. MOTHER'S MAIDEN NAME: Kate Carmeane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. No. | 17. INFORMANT & ADDRESS: Mrs. Chester Nicholson Berlin Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X IMMEDIATE CAUSE — (A) Cor Pulmonal & Cardiac Failure & — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Anaemia due & Chronic Pulmonary Asthma & Bronchiectasis & severe — 6 yrs

DUE TO (C) Emphysem

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis Generalized — 5 yrs

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to 1 Apr, 1955, that I last saw the deceased alive on 1 Apr, 1955, and that death occurred at 9:05 A M, from the causes and on the date stated above.

SIGNATURE Reinhardt Rahlson M.D. | ADDRESS Berlin Md | DATE SIGNED 2 Apr 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 2/4/55 | NAME OF CEMETERY OR CREMATORY Maple Grove | LOCATION (City, town, or county) (State) Kew Gardens L.I. N.Y.

DATE REC'D BY LOCAL REGISTRAR 2-5-55 | REGISTRAR'S SIGNATURE Helen F Hayward | 24. FUNERAL DIRECTOR Emma A Burbage | ADDRESS Berlin Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04137

4187

CERTIFICATE OF DEATH

Reg. Dist. No. 551

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville Rural #1
LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Dasheiter
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS 09X-2 (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Rhodes (Last) Rew

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct. 22-1897	57-6-2 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Worker
10B. KIND OF BUSINESS OR INDUSTRY: State of Md
11. BIRTHPLACE (State or foreign country): Hallwood Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Rew
14. MOTHER'S MAIDEN NAME: Emma Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Pearl M. Rew, Vienna, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
199.9
IMMEDIATE CAUSE (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1955, to 4/24, 1955, that I last saw the deceased alive on 4/24, 1955, and that death occurred at 12 45 PM, from the causes and on the date stated above.

SIGNATURE Thomas L. Jones, M.D. ADDRESS Snow Hill, Md. DATE SIGNED 4/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 27/55	Spence Baptist	Snow Hill Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 27, 55	Elwyn E. Cooper	Elwyn E. Cooper	Snow Hill, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04178

4188 **CERTIFICATE OF DEATH** Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY WORCESTER MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BERLIN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIOENCE (HOME) OF DECEASED:
STATE MD COUNTY WORCESTER
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN X
STREET AODRESS (If rural give location) R.F.D. 1

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) LEE (Last) SMITH JR.

4. DATE OF DEATH: (Month) APRIL (Day) 23 (Year) 1955

5. SEX: MALE | 6. COLOR OR RACE: COL | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: MAR. 28, 1955 | 9. AGE last birthday: 3 MNGEEKS | IF UNDER 1 YEAR: Months 5 Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INOUSTRY: —
11. BIRTHPLACE (State or foreign country): BERLIN MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID LEE SMITH SR.
14. MOTHER'S MAIDEN NAME: MABLE LEE WALTERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: DAVID L. SMITH SR. BERLIN MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7640 IMMEDIATE CAUSE (A) Infectious Diarrhea — 48 hrs.

ANTECEDENT CAUSE (S) OUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATEO TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. OATE OF OPERATION: | 19B. MAJOR FINOINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE OIO INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW OIO INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/21, 1955, to 4/23, 1955, that I last saw the deceased alive on 4-22, 1955, and that death occurred at 9:15 AM, from the causes and on the date stated above.
SIGNATURE Thomas H. Smelser, Jr. M. O. ADDRESS Berlin, Md DATE SIGNED 4/23/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 4/24/55 | NAME OF CEMETERY OR CREMATORY St. PAULS | LOCATION (City, town, or county) BERLIN (State) MD

DATE REC'D BY LOCAL REGISTRAR 4-24-55 | REGISTRAR'S SIGNATURE Helen F Hayward | 24. FUNERAL OIRECTOR Emma A Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53 20351933

4189

04179

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 355

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL Ocean City
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD 1 Ocean City Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Berlin X
STREET ADDRESS (If rural, give location) Bay Street. 1

3. NAME OF DECEASED: (First) Alvin (Middle) Joseph (Last) Townsend.
4. DATE OF DEATH (Month) April (Day) 5 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	married	Oct 21 1885	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Carpentering	Worcester Co Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph W. Townsend	Ellen Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs. Bessie Townsend wife R 1 Ocean City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	420.1	(a) Coronary Occlusion Acute DUE TO	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		(b) Arteriosclerotic CVI DUE TO	5 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. Townsend. Jr. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Apr. 6 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/7/55	Evergreen	Berlin Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-7-55	Helen F Hayward	Anna A. Bunting	Berlin Md

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING